KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
**Form must be Typed**
**Form must be completed on a per well basis**

# ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

***Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.***

OPERATOR: License # 35170
Name: DE & TZ LLC
Address 1: PO BOX 128
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + __ __ __ __
Contact Person: Phillip Frick
Phone: ( 785 ) 883-4057
Lease Name: MACKEY
Well Number: I-2

API No.: 15-091-24117-00-00
Permit No: E31670.2
Reporting Year: 2017
*(January 1 to December 31)*

NE - NE - SE - NW Sec. 28 Twp. 14 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
4380 feet from ☐ N / ☑ S Line of Section
400 feet from ☑ E / ☐ W Line of Section
County: Johnson

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☑ Treated Brine ☐ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 500 psi Injection Zone: Barltsville
Maximum Authorized Injection Rate: 60 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 11 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 12 | 460 | 0 | | 6 |
| February | 359 | 460 | 0 | | 28 |
| March | 453 | 460 | 0 | | 31 |
| April | 314 | 460 | 0 | | 30 |
| May | 690 | 460 | 0 | | 31 |
| June | 667 | 460 | 0 | | 30 |
| July | 90 | 460 | 0 | | 20 |
| August | 462 | 460 | 0 | | 31 |
| September | 484 | 460 | 0 | | 30 |
| October | 802 | 460 | 0 | | 31 |
| November | 524 | 460 | 0 | | 30 |
| December | 677 | 460 | 0 | | 31 |
| ***TOTAL*** | 5534 | | 0 | | |

Submitted Electronically